DEPART	MENT OF HEALTH	AND HUMAN SERVICES						4PPROVED 0938-0391
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		09G166	B. WIN	NG			10/20	5/2007
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D C HEAD	LTH CARE			1	SHINGTON, DC			
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W 000	October 24, 2007 survey was initiated A random sample from a population degrees of clisabil. The findings of the observations at the programs, interviet the group home a clinical and admir facility's unusual 483,420(a (2) PR RIGHTS The facility must Therefore the facility are the facility must of the client's me and behavioral standard parent (if the client's me and behavioral standard parent).	urvey was conducted from through October 26, 2007. The ed using the full survey process of three clients were selected of six females with various ities. Is survey were based on the group home, two day ews with clients and staff at both and day programs, review of this trative records to include the incident reports. OTECTION OF CLIENTS The ensure the rights of all clients is a minor), or legal guardian, dical condition, developmental status, attendant risks of		124				
	This STAN DARE Based on observerification, the freach client or the of the client's meand behavioral streatment, and the one of the three The finding incluing the entra 2007 at 4 20 PM RY DIRECTORS OR PRO	nce conference on October 24, , the QMRP indicated that Client DVIDER/SUPPLIER REPRESENTATIVE'S SIG	GNATUR	Ē	Passan	_		(X6) DATE
	Jaress Hel.	to May Stephen			10-432	Manager		11/20/07
Any deficie	novetatement auditor	ith an asterisk (*) denotes a deficiency wi	hich the	Institut	ion may be excused roursing homes, the	from correcting principles of the findings stated a	providing it is de above ere disclo	termined that sable 90 days

Any deficiency statement anding with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide at fficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date that a documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: J9DC1.1

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If continuation sheet Page -1 of 10

	C COD MELI . 425	& MEDICAID SERVICES _				0938-0391
TATEMENT	OF DEFICIENCIE; CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATÉ SU COMPLE	
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		THOUSAGE OF THE PROPERTY OF TH	<u> -</u> 1D	PROVIDER'S PLAN OF CO	RRECTION	(X5)
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W 124	Continued From pa	age 1	W 124			
Vy 12**	#2 had a Behavior her malads rtive by revealed that the clis willing to sign ar restrictive in easur. On October 25, 20 record failed to ship.	Support Plan (BSP) to address ehaviors. Further interview slient had a legal guardian who have necessary consents for		Consent has been sought and the Human Rights Committe the BSP for Individual # 2. Individual #2 has a guardian court hearing scheduled on 11/29/07 at 10:00 am. Pleas see attachment #1.	e for the use of A guardianship ship	11/29/07
W 138	of the BSF. There potential risks inversible to refuse treathe client or his/he psychological assistance in the professed in the professed the capacite effectively to make psychologist assessed apable of makin failed to document appropriate surroww263]	e was no evidence that the plyed in using the BSP, or his atment had been explained to er guardian. The client's essment, dated February 20, le client's cognitive abilities bund range of retardation and he by to process information e sound decisions. The essed the client as not being g informed decisions, the facility at attempts to secure an gate decision-maker. [See	W 13	5		
	The facility must Therefore, the fa have access to to incoming and out calls except as didentified within the STANDARD Based on observing alled to er sure of the state of the	ensure the rights of all clients, cility must ensure that clients elephones with privacy for tgoing local and long distance contraindicated by factors heir individual program plans, or is not met as evidenced by ration and interview, the facility clients had access to telephones ing and outgoing calls for one of				

DEPART	JENT OF HEALTH	AND HUMAN SERVICES				FORM A OMB NO: (0938-0391
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	the survey revealed telephones in the skitchen and the otroom. On Cictobe was obserted talk aunt. The client us kitchen. All personsurveyors) in the skitchen. All personsurveyors in the client's conversation. Note: Review of conversation. Note: Review of conversation. Note: Review of conversation. At the time of the ensure Client #5's incoming and out 483.430(a) QUAL RETARDATION Each client's activitiegrated, coordinated resided regarded.	e facility's environment during and that there were two facility. One was located in the her one was located in the living at 24, 2007 at 7:50 PM, Client #5 sing on the telephone with her sed the phone located in the the ns (staff, housemates, and vicinity of the kitchen could hear sation. The observation was the client at the phone located in the living a privacy during her the facility's "Resident Rights" 25, 2007 at 2:00 PM revealed at the right to "private access to survey, the facility failed to a right to have access to private going telephone calls.	V	V 15		en provided rendividual re that all phones with bing calls, as Staff was induals to use home that the office # 2.	11-14-07

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES	,			OMB NO.	PPKUVED 1938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SUF COMPLET	RVEY
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NAME OF PR	OVIDER OR SUFPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
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	Continued From parcial coordinated, integrated and integrated and integrated and integrated and frequency to continued. The findings includes the facility's Quantified and program in clients. [See W12] The facility's Quantinued. See W12 The facility's Quantinued. See W12 The facility's Quantinued. The facility's Quantinued. See W14 The facility's Quantinued. See W14 The facility's Quantified in the client successfully of the IPP. [See W14] As soon as the informulated a client each client must be treatment program interventions and frequency to	age 3 Iment program was rated and monitored by the Retardation Professional de: MRP failed to effectively It's day program to assure that met the needs of two of the four 0] MRP failed to provide treatment. [See W249] MRP failed to review and revise gram Plan (IPP) once the client completed an objective identified W255] MRP failed to revise objectives ients's IPP that had not been		159	The QMRP received in-serve 11/09/07, regarding the immonitoring the day programs to all individuals are receiving continuous between the day program and the Attachment the	portance of consure that inuity of care lefacility.	11-9-07-
	Based on observ	is not met as evidenced by: ation, staff interview and record acility failed to provide				continuation sheet	

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM AI OMB NO. 0	938-0391
CENTER:	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SUR COMPLETE	VEY
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W 249	clients in the samp	ireatment for one of the three ble. (Client #2)	· W	249			
W 255	stringing heads from Thirty minures later staff was observed box filled by the beads, the client significated that that Review of the Clie (IPP) revealed an client will give her picture to request BATHROOM, 75%. There was no evicimplemented Clie 483.440(f)(1)(i) PICHANGE. The individual professional and but not limited to successfully comidentified in the introduced in	cor. Client #2 was observed om 5:20 PM until 6:10 PM. er, at 6:45 PM the direct care of giving Client #2 a string and a ds. The client did not string the sat idle for approximately 20 with the direct care staff client "loves" to string beads. ent #2's Individual Program Plan objective which stated, "[the recommunication partner a a "DRINK, BEADS, or independently in one year." Idence that the direct care staff ent #2's communication program. ROGRAM MONITORING & a parameter of the client has pleted an objective or objectives advisions in which the client has pleted an objective or objectives advisions, staff interviews and a completed an objective wand revise or plan (IPP) once the client completed an objective identified to the three clients in the		<i>!</i> 255	Staff was provided with an in-serve on 10/29/07 on properly im Individual # 2's communication QMRP will monitor weekly a Therapist will monitor the comprogram monthly to ensumprogram. Please the Comprogram of the Comprogram.	plementing of program. In program. Ind Speech imunication ure staff inentation of	10)29/07

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FURM A OMB NO. (938-0391
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AND PLAN O	CORRECTION	09G166	B. WING			10/26/2007	
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W 255	Continued From posample. (Cit ent #2 The findings included in the cient sugestablished criterian During the entrance 2007 at 4:20 PM, Retardation Profection #2 had a Boadress had mala Record verification 2007 indicated the included in the Boadress had mala Record verification 2007 indicated the included in the Boadress had mala Record verification 2007 indicated the included in the Boadress had mala Record verification and the was no evident #2's behave per month for nin Psychology Quar 2007 through October 2007 through October #2's behave established criterian established criterian Con October 24, 2 administration, the observed to wipe was observed to medication nurse cup. The client stop water and put the water and put t	de: de to revise Client #2's BSP coessfully achieved the conference on October 24, the Qualified Mental ssional (QMRP) revealed that ehavior Support Plan (BSP) to daptive behaviors. In of the BSP dated May 29, at the physical aggression was SP. The objective stated, "[the se physical aggression to zero e months." According to the terly reviews from February tober 2007, the client had not all aggression. Idence that the QMRP revised for objectives once he met the image.	e (h	255	Individual # 2 BSP was review Psychologist on 11/13/07. An month of zero occurrence aggression is needed to meet the If the objective is achieved in No objective will be revised in 2007. Please see attachment # 5. (1.4)	additional of physical objective. vember, the	11-13-07

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES			_	OMB NO.	0938 <u>-039</u> 1
CENTER	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SU COMPLET	RVEY
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W 255	Continued From p	age 6	W 25	55			
VV 230	the client visis not the review of the li- an objective. The pick up medication cup of water, drink Review of the date	on a self medication program, PP dated March 2007 revealed self medication steps included: n cup, take medication, pick up water and put cup in trash, a sheets from March 2007 t has successfully completed			Individual #2 self medication of revised on 11/06/07 to reflect I and meet the individual habilit. The QMRP will monitor the proprogress on a quarterly basis. Please see attachments 6 & 6a.	ner progress ative needs.	11/6/0
W 257	the self medication	dence that the QMRP revised in program. PROGRAM MONITORING &	W 2	:57		·	
	least by the quality profession at and but not limited to failing to progress	ogram plan must be reviewed at fied mental retardation revised as necessary, including, situations in which the client is a toward identified objectives efforts have been made.					
	Based on record Retardation Profe objectives identifications (IPF's) that	is not met as evidenced by: review, the Qualified Mental essional (QMRP) failed to revise ied in the individual program had not been achieved for one the sample. (Client #2)			·		
	The finding include	des:					
	hygiene program make progress to	to review Client #2's personal in which the client failed to oward identified objective after ts have been made.			:		
	(IPP) dated Marc	#2's Individual Program Plan th 2007, revealed that the client activities of daily living skills.	į				

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PLAN OF	CORRECTION	IDENTIFICATION NOMBERS	A, BUILE	DING	-	
		09G166	B, WING			/2007
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C HEAL	TH CARE			WASHINGTON, DC 20012		
		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	ORRECTION	(XS)
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W 257	Continued From p	age 7	W 2	57		
VV 257	Further review revious pertinents with the state of the s	ealed that Client #2 had an ated, "[the client] will participate aing using wash mit/cloth with 80% of the trials for three of the data sheets from April ust 2007 revealed that the client assistance on all the trials, s no evidence that the objective		Individual #2's IPP was ret to meet her habilitative net objective on bathing her up revised in accordance wind data collected. Please see attachments 6 c	eds. Individual #2 oper body has been the her ability and	11/ 09 /0
W 263	had been revised. 483,440(f)(3)(ii) P CHANGE The committee stage conducted on	ROGRAM MONITORING & nould insure that these programs ly with the written informed ent, parents (if the client is a	W 2	263		
	minor) or egal guardian or egal guardian or esample. Client a to the facility of the facility of the facility or one sample. Client a the facility failed to the use of rest	is not met as evidenced by: ation, staff interview and record realied to ensure that each intervention technique, including or modification drugs was ne written informed consent of s (if the client is a minor) or legal of the three clients in the 2) des: to obtain informed consent prior rictive measures as described in	-	Consent has been sought the Human Rights Comm the BSP for Individual # Individual #2 has a guan court hearing scheduled	nittee for the use of 2. dianship on	11/2
W 322	483.460(a)(3) Ph	vior Support Plan. [See W124] HYSICIAN SERVICES provide or obtain preventive and care.		322 11/29/07 at 10:00 am. P see attachment #1.		

EPARTI	MENT OF HEALTH	AND HUMAN SERVICES				OMB NO.	
ATENERIT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL		CONSTRUCTION	(X3) DATE SUI COMPLET	RVEY 'ED
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IAME OF PR	ROVIDER OR SUFFLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE 7 MAPLE ST NW		
D ¢ HEA!	LTH CARE				SHINGTON, DC 20012		
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W 322	Continued '= om pa	age 8	w:	322			
	Based on claserva	is not met as evidenced by: tion and record review, the evide preventive and general two of three clients included in this #1 and #2)					
	The finding a include	de:					
	1. The facility faile appointments for sample. (Client#	ed to obtain podiatry one of the four clients in the 1)					
	October 26, 2007 Client #1 had a por 2007. It was recommended to the large was no evicence an podiate, follow interview with the Professional on the	Client #1 medical records on at 11:00 AM, revealed that the odiatry consult on January 15, ommended that the clients return At the time of the survey, there that the facility had scheduled up appointment. • Qualified Mental retardation he same day verified that the en the podiatrist as			The Podiatrist visited the facility at 7:00 am. Individual # 1 receiv services. Please see attachment	ed podiatrist	11]16/2
	2. The facility fai Client #2, limely.	led to obtain a colonoscopy for					
	25, 2007 at 2:00 dated March 16, colonoscopy for Qualified Vental (QMRP) and Pro 2007 at approximathe previous QM scheduling of the	#2's medical record on October PM revealed a physician order 2007, to "reschedule a advance age." Interview with the Retardation Professional gram Director on October 26, nately 10:00 AM indicated that RP did not follow through on the a colonoscopy and therefore has ad November 16, 2007.			Individual #2's Colonosco is scheduled for 12/5/07. delay in the Colonoscopy due to lack of guardian. Individual #2 has a guardi court hearing scheduled of 11/29/07 at 10:00 am. Ple see attachment #1.	The was anship n	12/5

DEPART	MENT OF HEALT	TH AND HUMAN SERVICES					OMB NO.	0938-039 <u>1</u>
TATEMENT	S FOR MEDICAR OF DEFICIENCIES CORRECTION	RE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPL UILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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STATEMENT AND PLAN O	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPF IDENTIFICATION		:R/CLIA MBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	COMPLETED 10/26/2007	
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1 000	INITIAL COMMEN	ITS	_	1 000			
	A re-licens are sur October 24, 2007 random sample of from a population degrees of disabil. The findings of this observations at the programs, intervies both the group ho of clinical and adrithe facility's unusuant and sure actions. This Statute is not Based on interviet that the fability fail Resuscitation (CF (Staff #1)). The finding including review of the per 2007 at 1:30 PM evidence of CPR Human Resource	vey was conducted from through October 26, if three residents were of six fernales with verifies. It is survey were based the group home, two disease with residents and ministrative records to unal incident reports. TRAINING TRAINING	2007. A e selected arious on ay d staff at s, review o include or revealed oulmonary direct staff. October 25, ked ith the	l 226	Staff #1 received the First training on 11-		11-16-07
. I 391	3520,2(a) F'ROFI PROVISIONS	ESSION SERVICES:	GENERAL	i 391			
·	professional staff necessary profes accordance with individual habilita necessary by the	nail have available qua f to carry out and mor ssional interventions, the goals and objecti ation plan, as determin a interdisciplinary tean	nitor in ves of every ned to be				
U	Hation Administration	THE MALY STEP	Len Entative's sig	SNATURE	Pagran Hana	eglr	(X6) DATE ///23/07

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If continuation sheet 1 of 4

PREFIX REGULA 'CRY OR LSC IDENTIFYING INFORMATION) 1391 Continued From page 1 profession a services may include, but not be limited to, it ose services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine: This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that a copy of the professional license was maintained for review for each individual providing lividessional services at the GHMRP as required by District of Columbia law. The finding includes: Review of the personnel files on October 25, 2007, revisaled the facility lacked evidence of a	STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA VIBER:	A. BUILDING		COMPLET	
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE SINN ARY STATEMENT OF DEFICIENCIES SUN NARY STATEMENT OF DEFICIENCIES (EACH CERICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) I 391 Continued From page 1 profession a services may include, but not be limited to, if ose services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medic re; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that a copy of the professional license was maintained for review for each individual providing professional services at the GHMRP as required by District of Columbia law. The finding includes: Review of the personnel files on October 25, 2007, revealed the facility lacked evidence of a failed to forward the information as			09G166		B. WING _		10/26	2007
SUMAY STATEM (EACH CERCINCY MUST BE PRECEDED BY FULL REGULA' 'CRY OR LSC IDENTIFYING INFORMATION) 1391 Continued From page 1 profession a services may include, but not be limited to, 'rose services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medic re; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that a copy of the professional license was maintained for review for each individual providing professional services at the GHMRP as required by District of Columbia law. The finding includes: Review of the personnel files on October 25, 2007, revisaled the facility lacked evidence of a				6917 MAP	LE ST NW			
professional services may include, but not be limited to, if ose services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that a copy of the professional license was maintained for review for each individual providing professional services at the GHMRP as required by District of Columbia law. The finding includes: Review of the personnel files on October 25, 2007, revealed the facility lacked evidence of a	PREFIX	/ころぐは こほぎ(CIEN	CY MUST RE PRECEDED BY	FULL I	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	(X5) COMPLETE DATE
current license for the podiatrist. Interview with the Human Resources Specialist revealed that he would provide the information to the state agency, however the information was not provided as indicated. 1422 3521.3 HABILITATION AND TRAINING Each GHI/RP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to Resident #2 in accordance with his Individual Habilitation Plan. This Individual Habilitation Plan.		profession a servimited to, if ose strained, qualified, District of Columidisciplines or are (a) Medicine; This Statute: is in Based on record ensure that a column was maintained providing profess required by District The finding incluing Review of the percord of the percord of the percord of the Human Resord of the Human Resord of the Indicated. 2 3521.3 HABILITY Each GHI/IRP is and assistance the resident is in Based on intervious GHMRP failed the assistance was accordance with	ices may include, but is services provided by in and licensed as requiple as of services: ot met as evidenced by review, the GHMRP for the professional lifer review for each indictional services at the coict of Columbia law. des: ersonnel files on October facility lacked evider for the podiatrist. Interprete information to the standard matter was not provided to residents in accordance in accordance in the provided habilitation for the podiatrist in accordance in the service information was not provided to resident and record review of ensure habilitation, to provided to Resident and his Individual Habilitation in this Individual Habilitation in the services in the control in the ser	ored by ailed to license ividual 3HMRP as per 25, ence of a rview with aled that he ate agency, ded as G T, training ance with Plan, by: the raining and #2 in	1 422	the main office at the till However, the Human Reso failed to forward the inference transition of the failed. An in-service transition of 11/09/07 importance of providing difference of the program in the program monthly to comprehension and proper in the program of the program in the program i	me of survey, surce Specialist information as aining was held regarding the ocuments in a service training implementing cation program, cly and Speech communication ensure staff inplementation of	16-9-07-
The findir ¢ includes:				n 10/2/0				
See Federal Deficiency Report Citation W249 Health Regulation Administration	Health Pari		riciency Report Citatio	n vv249				

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STATEMENT OF DEFICIENCITIS AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/26/2007	
		09G166	CTREST ADD	RESS CITY S	STATE, ZIP CODE		
D C HEAL	OVIDER OR SUPPLIER TH CARE		6917 MAP		•		
(X4) ID PREFIX TAG	SUM VARY ST	TATEMENT OF DEFICIEN CY MUST BE PRECEDED LSC IDENTIFYING INFO	DEY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
	Each GHN RP sharesident 's progra or when the client (a) Has successful objectives identification; This Statu is not Based on poservitive, the GHMI and training was would enable the skills needed to demands of their their optimum levisocial functioning the sample (Res	ully completed an open in the Individual of met as evidence ation, staff interview RP failed to ensure provided to its resign to acquire and more effective environments and rels of physical, met for one of the thresident #2)	ons to the ix (6) months objective or Habilitation of by: w and record habilitation dents that naintain life by with the to achieve ental and he residents in	1424	Individual # 2 BSP was revi Psychologist on 11/13/07. A month of zero occurrence aggression is needed to meet th If the objective is achieved in N objective will be revised in 20 Please see attachment # 5. (' 1	of physical e objective. ovember, the	11-13-0
1 426	Each GHMRP sh	ITATION AND TRA	tions to the	1 426			

Health Regulation Administration

made;

or when the client:

(c) Is failing to progress toward identified objectives: after reasonable efforts have been

Based on record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program

plans (IPI2s) that had not been achieved for one

This Statute is not met as evidenced by:

STATE FORM

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

09G166

A, BUILDING _______B, WING ______

10/26/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

6917 MAPLE ST NW WASHINGTON, DC 20012

D C HEALTH CARE WA			VASHINGTON, DC 20012					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULAT DRY OR LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
l 42 6	Continued From page 3 of three residents in the sample (Client The finding includes: See Federal Deficiency Report - Citation		1426	Individual #2's IPP was reviewed and revised to meet her habilitative needs. Individual #2 objective on bathing her upper body has been revised in accordance with her ability and data collected. Please see attachments 6 & 6b.	11/09/07			
1 500	Each GHMF!P residence director shall that the rights of residents are observe protected in accordance with D.C. Law chapter, and other applicable District a laws. This Stature is not met as evidenced to Based on a servation, interview and review, the GHMRP failed to ensure the protections of each clients rights two or residents in the facility. (Resident #2 at The findings include: 1. See Federal Deficieincy Report - CW135 2. See Federal Deficieincy Report - CW124 and W263	d and 2-137, this nd federal by: ecord e f the six and #5)	1 500	The staff and all individuals in the facility including individual #5 have been provided with an in-service training for individual rights and privacy to ensure that all individuals have access to telephones with privacy for in-coming and out-going calls, as well as other privacy concerns. Staff was inserviced to encourage all individuals to use the telephone in areas of the home that provide more privacy (i.e., the office upstairs). Please see attachment #2. Consent has been sought and obtained from the Human Rights Committee for the use of the BSP for Individual #2. A guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1. Consent has been sought and obtained from the Human Rights Committee for the use of the BSP for Individual #2. Individual #2 has a guardianship court hearing scheduled on 11/29/07 at 10:00 am. Please see attachment #1.	11-14-07			

Health Regulation Administration STATE FORM